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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED

\*\* 10/03/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR  COUNTRY NE	SHEETS  DRAWING 20	TOTAL  CLAIMS 24	INDEPENDENT  CLAIMS 3
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## TITLE

Microrobot for surgical applications

☐ All Fees